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| NOTICE OF APPEAL FROM THE EXAMINER TO | | Docket Number (Optional) | |
| THE BOARD OF PATENT APPEALS AND INTERFERENCES | | 5564-138B | |
| | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with | In re Application of William T. Ball | | |
| sufficient postage as first class mail in an envelope addressed to | Application Number Filed | | |
| "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450" [37 CFR 1.8(a)] | 10/721,694 For | | November 25, 2003 |
| on | | | |
| Signature | Cap for Sealing a Bathtub Overflow Port for | | |
| | Testing Purposes | | |
| Typed or printed name Ginger Bovenkamp | Art Unit 3751 | | Examiner |
| | 1 | | Robert M. Fetsuga |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | | | \$ <u>510.00</u> |
| N | | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced | | | |
| by half, and the resulting fee is: \$ 255.00 | | | |
| A check in the amount of the fee is enclosed. | | | |
| | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| I have enclosed a duplicate copy of this sheet. | | | |
| M | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 191970 . I have enclosed a duplicate copy of this sheet. | | | |
| _ ' ' ' | | | |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | |
| | | | |
| WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| be included on this form, Provide credit card information and authorization on P10-2038. | | | |
| in the | | | |
| applicant/inventor. | C. D. Muel | | |
| Ξ " | Signature | | |
| assignee of record of the entire interest. | | | |
| See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. | Craig W. Mueller | | |
| (Form PTO/SB/96) | | Typed or p | printed name |
| attorney or agent of record. | | | |
| Registration number 52055 | 303 863 9700 | | |
| _ | Telephone number | | |
| attorney or agent acting under 37 CFR 1.34. | 1-26-168 | | |
| Registration number if acting under 37 CFR 1.34 | 2-26-48 | | |
| | | Da | te |
| | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| Submit multiple forms ir more than one signature is required, see below". | | | |
| | | | |

☐ "Total of ______ forms are submitted.

This collection of information is required by 37 CFR 4.13.1 The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 30 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.5. This collection is estimated to take 2 trainages to complete, or confidentially a governed by 30 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.5. This collection is estimated to take 2 trainages to complete, the amount of time you require to complete the form another supergleadings for refunding this baseds, should be seen to the Chief Information Officer, U.S. Papert and Trainages Coffice, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS XADDESS CERTO TO Sommitischer for Patients, P.O. Do NOT SEND FEES OR COMPLETED FORMS TO THIS XADDESS CERTO TO Sommitischer for VAG, Alexandria, VA 22313-1460.

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